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Bib Data Sheet

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|-----------------------------|-------------------------------------|--------------|--------------------------------|-----------------------------------|
| SERIAL NUMBER 09/701,693 | FILING DATE 11/30/2000 RULE - | CLASS 380 | GROUP ART UNIT 2131 2133 | ATTORNEY DOCKET NO. 112740-114 |
|-----------------------------|-------------------------------------|--------------|--------------------------------|-----------------------------------|

APPLICANTS

Wolfgang Fraas, Wolfratshausen, GERMANY;
 Franz Bonk, Munchen, GERMANY;

** CONTINUING DATA *****

THIS APPLICATION IS A 371 OF PCT/DE99/01489 05/18/1999

** FOREIGN APPLICATIONS *****

GERMANY 198 24 814.8 06/03/1998

IF REQUIRED, FOREIGN FILING LICENSE

GRANTED ** 12/21/2000

| | | | | |
|---|-----------------------------|------------------------|-------------------|-------------------------|
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | STATE OR COUNTRY GERMANY | SHEETS DRAWING 2 | TOTAL CLAIMS 1 | INDEPENDENT CLAIMS 1 |
| 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged Examiner's Signature Initials | Allowance | | | |

ADDRESS

#6
 Hill Steadman & Simpson
 85th Floor Sears Tower
 Chicago, IL 60606
 Customer # 29177

TITLE

Programme-controlled device

| | | |
|-------------------------------|---|---|
| FILING FEE RECEIVED 860 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
|-------------------------------|---|---|

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 701693 RECEIPT DATE: 11 / 30 / 00
IA NUMBER: PCT/ DE99 / 01489 IA FILING DATE: 05 / 18 / 99
FAMILY NAME: FRAAS DELAY WAIVED (Y/N): Y
GIVEN NAME: WOLFGANG DEMAND RECEIVED (Y/N): Y
PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: 06 / 03 / 98
NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N
ATTORNEY DOCKET NUMBER: 112740-114 COUNTRY:
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 0000000000
FAX

NAME: WILLIAM E VAUGHAN
BELL BOYD & LLOYD
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CITY: CHICAGO
STATE/COUNTRY: IL ZIP: 606901135
EMAIL:
APPLICATION TITLES:
PROGRAM-CONTROLLED APPARATUS

TAB TO LAST POSITION, PUSH SEND